

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2015

through

M M M / D D D / Y Y Y Y Y Y
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael Wylie

Signature of Treasurer

Mr. Michael Wylie

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 18 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">213354.30</td></tr></table>	213354.30				
Y	Y	Y	Y	Y													
2015																	
213354.30																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">267470.12</td></tr></table>	267470.12															
267470.12																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">53860.64</td></tr></table>	53860.64					<table><tr><td colspan="5">389722.78</td></tr></table>	389722.78									
53860.64																	
389722.78																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">321330.76</td></tr></table>	321330.76					<table><tr><td colspan="5">603077.08</td></tr></table>	603077.08									
321330.76																	
603077.08																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">63308.81</td></tr></table>	63308.81					<table><tr><td colspan="5">345055.13</td></tr></table>	345055.13									
63308.81																	
345055.13																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">258021.95</td></tr></table>	258021.95					<table><tr><td colspan="5">258021.95</td></tr></table>	258021.95									
258021.95																	
258021.95																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

45266.93

359168.65

(ii) Unitemized

2420.71

15381.13

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

47687.64

374549.78

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

52687.64

384549.78

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

1173.00

5173.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

53860.64

389722.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

53860.64

389722.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1808.81	8555.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1808.81	8555.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55500.00	323000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	8500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	8500.00
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63308.81	345055.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63308.81	345055.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	52687.64	384549.78
34. Total Contribution Refunds (from Line 28(d))	1000.00	8500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51687.64	376049.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1808.81	8555.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1808.81	8555.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda Austin

Mailing Address 405 Times Avenue

City
LafayetteState
TNZip Code
37083-1247FEC ID number of contributing
federal political committee.

C

Name of Employer

Knollwood Manor

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : C3029903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cecil Barcelo

Mailing Address 411 Alabama Ave

City
League CityState
TXZip Code
77573-2615FEC ID number of contributing
federal political committee.

C

Name of Employer

Baywind Village

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : C3034992

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

C. Heath Boddy

Mailing Address 2201 N 98th Street

City
LincolnState
NEZip Code
68505FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Health Care Association

Occupation

State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : C3027833

Amount of Each Receipt this Period

87.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

667.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Boerboom

Mailing Address 4420 Valley View Raod

City State Zip Code
 Edina MN 55424

FEC ID number of contributing federal political committee.

C

Name of Employer

Welcov Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 18 2015

Transaction ID : C3029904

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Michael Bowlden

Mailing Address 6219 Breeze Hill Rd

City State Zip Code
 Crestwood KY 40014

FEC ID number of contributing federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 08 2015

Transaction ID : C3021853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julie Brenneman

Mailing Address 1740 Barnes Run Road

City State Zip Code
 Mount Zion WV 26151

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis Healthcare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 10 2015

Transaction ID : C3022799

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

6250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gail Clarkson

Mailing Address 1539 Lochridge Rd

City State Zip Code
 Bloomfield Hills MI 48302-0736

FEC ID number of contributing federal political committee.

C

Name of Employer

Nexcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : C3022265

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gerald Cox

Mailing Address PO Box 7728

City State Zip Code
 Rocky Mount NC 27804-0728

FEC ID number of contributing federal political committee.

C

Name of Employer
 Autumn Corporation

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : C3045192

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jason Czycalla

Mailing Address 19086 Iteri Avenue

City State Zip Code
 Lakeville MN 55044

FEC ID number of contributing federal political committee.

C

Name of Employer

Medline Industries, Inc.

Occupation
 Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015

Transaction ID : C3023667

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

5250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Daily

Mailing Address 3608 Bethany Ct.

City

Dayton

State

OH

Zip Code

45415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elder Care Systems Group

Occupation

Long Term Care Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2015

Transaction ID : C3045196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric M. Droze

Mailing Address 2852 Sweet Clover Way

City

Wauconda

State

IL

Zip Code

60084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Division Sales Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3023674

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joanne E Erickson

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.76

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051267

Amount of Each Receipt this Period

130.44

* Payroll Deduction: \$43.48 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 38
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresa Eyet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Education

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.83

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051269

Amount of Each Receipt this Period

152.61

* Payroll Deduction: \$50.87 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Meredith Farmer

Mailing Address 1693 Napa Suwe Ln

City

Wauconda

State

IL

Zip Code

60084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2015

Transaction ID : C3035512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Gifford

Mailing Address 81 Kenyon Ave

City

East Greenwich

State

RI

Zip Code

02818-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Sr VP, Quality & Regulatory Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 22 / 2015

Transaction ID : C3034261

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1402.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christine Gorecki

Mailing Address 7 Red Haw Lane

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries, Inc.

Occupation

Sales Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2015

Transaction ID : C3023627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William J. Griffith

Mailing Address 1825 7th Street, NW
#901

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Manager, Political Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.49

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051270

Amount of Each Receipt this Period

65.22

* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Jennifer S Hahs

Mailing Address 12423 Flint Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Political Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.04

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051271

Amount of Each Receipt this Period

136.35

* Payroll Deduction: \$45.45 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

451.57

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven P Hatlestad

Mailing Address 18705 West 153rd Terrace

City
Olathe

State
KS

Zip Code
66062-3189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americare Systems Inc.

Occupation

VP, Operation Skilled Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2015

Transaction ID : C3045195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Holdhusen

Mailing Address 13020 Eby St.

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Samaritan Society

Occupation

Dir., Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3022439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Karen Hyatt

Mailing Address 5102 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hyatt Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2015

Transaction ID : C3017521

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Jacobs

Mailing Address One Medline Plaza

City

Mundelein

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3024468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeanne C. Jaeckels

Mailing Address 12120 24th Street

City

Clear Lake

State

MN

Zip Code

55319

FEC ID number of contributing
federal political committee.

C

Name of Employer

TealwoodSeniorLiving

Occupation

Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2015

Transaction ID : C3018772

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. David A Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

VP, Insurance and Member Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.90

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051273

Amount of Each Receipt this Period

326.10

* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1326.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry F. Lane

Mailing Address 1616 Stephens Dr

City State Zip Code
Wayne PA 19087-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis

Occupation

Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : C3022212

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Meg LaPorte

Mailing Address 7708 Meadow Lane

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Senior Policy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : C3051274

Amount of Each Receipt this Period

234.78

* Payroll Deduction: \$78.26 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Emilie Maheu

Mailing Address 840 Pembroke Road

City State Zip Code
Libertyville IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : C3023676

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1984.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Van Moore

Mailing Address 3155 River Rd S

City
Salem

State
OR

Zip Code
97302-9819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westcare Management, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2015

Transaction ID : C3045198

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Abraham Morse

Mailing Address 21 Sagamore Road

City

Newton Highlands

State

MA

Zip Code

02461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Senior Care Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2015

Transaction ID : C3035009

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim H. Mortenson

Mailing Address 3092 Highway 13

City

Ryan

State

IA

Zip Code

52330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Continuum Health Care Services

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2015

Transaction ID : C3035003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marcus Naquin

Mailing Address 1702 South Elm Street

City State Zip Code
Hammond LA 70403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hammond Nursing Home

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : C3021510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Pilgrim

Mailing Address PO Box 990

City State Zip Code
Edmond OK 73083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diakonos Group LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3023677

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Clifton Porter

Mailing Address 3929 Azalea Court

City State Zip Code
Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051276

Amount of Each Receipt this Period

576.93

* Payroll Deduction: \$192.31 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5826.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Porter

Mailing Address PO Box 128

City State Zip Code
Ardmore OK 73402

FEC ID number of contributing federal political committee.

C

Name of Employer
Premier Health Care, LLC

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : C3029917

Amount of Each Receipt this Period

1666.00

Full Name (Last, First, Middle Initial)

B. Martin Porter

Mailing Address PO Box 128

City State Zip Code
Ardmore OK 73402-0128

FEC ID number of contributing federal political committee.

C

Name of Employer
Premier Health Care, LLC

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : C3029918

Amount of Each Receipt this Period

1666.00

Full Name (Last, First, Middle Initial)

C. Derek Prince

Mailing Address 1009 Lausanne Aven

City State Zip Code
Dallas TX 75208

FEC ID number of contributing federal political committee.

C

Name of Employer
HMG Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : C3022251

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8332.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Manny Raposo

Mailing Address 375 Braeside Rd.

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Long Term Care Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3022455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Shawn Scott

Mailing Address One Medline Place

City State Zip Code
 Mundelein IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Senior VP HC Corporate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 22 / 2015

Transaction ID : C3035439

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
 Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.45

Date of Receipt

06 / 29 / 2015

Transaction ID : C3051279

Amount of Each Receipt this Period

150.00

* Payroll Deduction: \$50.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 38
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard Sollins

Mailing Address 120 E Baltimore St

City
BaltimoreState
MDZip Code
21202-1605FEC ID number of contributing
federal political committee.

C

Name of Employer

Ober Kaler

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : C3022203

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Martin Stott

Mailing Address 15035 Memorial Tower Dr

City

Baton Rouge

State

LA

Zip Code

70810-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diversified Health Care

Occupation

Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			2		2	0	1	5

Transaction ID : C3035010

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Patrick Twohig

Mailing Address 104 Penrod Avenue

City

Pataskala

State

OH

Zip Code

43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Long Term Care Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			0		2	0	1	5

Transaction ID : C3021854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Van Zelst

Mailing Address 2718 N Wayne Ave #1

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3024227

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Vrba

Mailing Address 5801 S. Cass Ave.

City State Zip Code
Westmont SC 60559-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burgess Square Healthcare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2015

Transaction ID : C3035503

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paula Warren

Mailing Address 3301 Alabama Avenue

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

06 / 25 / 2015

Transaction ID : C3036518

Amount of Each Receipt this Period

775.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett Waters

Mailing Address 2416 Mesa Street

City State Zip Code
Idaho Falls ID 83401

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Beginnings Community Living Home

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2015

Transaction ID : C3039084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Debra Welk

Mailing Address 9005 Raven Oaks Dr

City State Zip Code
Omaha NE 68152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immanuel, Alegent Health

Occupation
VP, Health Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : C3023672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Yampol

Mailing Address 11701 Borman Drive
Suite 315

City State Zip Code
Saint Louis MO 63146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cahill Rosewood

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : C3029902

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harmony House LLC

Mailing Address PO Box 829

City State Zip Code
 Brewster WA 98812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : C3017518

Amount of Each Receipt this Period

180.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Jerry R. Tretwold

Mailing Address PO Box 829

City State Zip Code
 Brewster WA 98812-0829

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harmony House Health Care Center

Occupation
 Owner/ Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : C3017520

Amount of Each Receipt this Period

180.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

45266.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kindred Healthcare Inc. Political Action Committee

Mailing Address 680 S 4th St

City State Zip Code
Louisville KY 40202-2407

FEC ID number of contributing
federal political committee.

C C00242271

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2015

Transaction ID : C3022213

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 38
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City State Zip Code
 Richmond VA 23226

FEC ID number of contributing
federal political committee.

C C00355461

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1173.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 22 2015

Transaction ID : C3035011

Amount of Each Receipt this Period

1173.00

Partial Refund of 12/2/2013 Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1173.00

1173.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 38

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015
Transaction ID : D167198

Amount of Each Disbursement this Period

28.66

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : D167199

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015
Transaction ID : D167200

Amount of Each Disbursement this Period

16.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 38

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : D167201

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : D167202

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : D167203

Amount of Each Disbursement this Period

184.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

464.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

State: District:

MM / DD / YYYY

State: District:

State: District:

36.80

304.22

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

A. BB&T Merchant Services

Mailing Address PO Box 200

City	State	Zip Code
Wilson	NC	27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D167207

Amount of Each Disbursement this Period

533.48

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City	State	Zip Code
Washington	DC	20001-4452

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : D167196

Amount of Each Disbursement this Period

346.06

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City	State	Zip Code
Washington	DC	20001-4452

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D167197

Amount of Each Disbursement this Period

92.39

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

971.93

1808.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUE HEN PAC

Mailing Address PO BOX 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D166326

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BROOKS-BUCSHON JOINT FUNDRAISING COMMITTEE

Mailing Address 4703 Woodway Lane, NW

City	State	Zip Code
Washington	DC	20016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D166322

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Families for James Lankford

Mailing Address PO Box 1639

City	State	Zip Code
Bethany	OK	73008

Purpose of Disbursement
Contribution

Candidate Name

James Paul Lankford

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OK District:

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : D166490

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. IMPACTMailing Address 509 MADISON AVE.
SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D166789

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kathleen Rice for CongressMailing Address 410 Jericho Turnpike
Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathleen RiceOffice Sought: ☒ House
☐ Senate
☐ President
State: NY District: 04Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D166324

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. New Democrat CoalitionMailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : D166724

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2015

Mailing Address PO Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Category/
Type**Transaction ID : D166725**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement
Contribution

Candidate Name

G.K. ButterfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Category/
Type**Transaction ID : D166493**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CASTRO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2015

Mailing Address PO BOX 544

City	State	Zip Code
SAN ANTONIO	TX	78292

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joaquin CastroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Category/
Type**Transaction ID : D166486**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt SchraderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D166321

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn JenkinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : D166583

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28603

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick T. McHenryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : D166487

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
Contribution

Candidate Name

Rep. Rosa DeLauroOffice Sought: ☒ House
☐ Senate
☐ President
State: CT District: 03Disbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2015

Transaction ID : D166494

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TULSI FOR HAWAII

Mailing Address PO BOX 75561

City
KAPOLEIState
HIZip Code
96707Purpose of Disbursement
Contribution

Candidate Name

Rep. Tulsi GabbardOffice Sought: ☒ House
☐ Senate
☐ President
State: HI District: 02Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ☐

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D166323

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. THE BILL KEATING COMMITTEE

Mailing Address PO BOX 3065

City
Buzzards BayState
MAZip Code
02532Purpose of Disbursement
Contribution

Candidate Name

Rep. William KeatingOffice Sought: ☒ House
☐ Senate
☐ President
State: MA District: 09Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ☐

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D166325

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/
Type

1000.00

State: District:

Three 16x16 LED displays are shown, each with a specific segment pattern for a date. The first display shows '06' with segments M, M, and 06. The second display shows '29' with segments D, D, and 29. The third display shows '2015' with segments Y, Y, Y, Y, and 2015.

Category/
Type

State: NY District:

The image shows three 3x3 grids, each representing a number. The first grid shows the number 06, the second shows 10, and the third shows 2015. Each grid has a top row of three dots, a middle row of three dots, and a bottom row of three dots. The numbers are formed by the positions of the dots.

Category/
Type

1000.00

State: ID District:

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO Box 1042

City	State	Zip Code
Montpelier	VT	05601-1042

Purpose of Disbursement
Contribution

Candidate Name

Sen. Patrick J. Leahy

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VT District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : D166722

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address PO. Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : D166489

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. The Pat Roberts Victory Committee

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : D166723

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : D166327

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

55500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Health Care Association Political Action Committee

Category/
Type

Age Group	Number of people
13-17	~100
18-24	~150
25-34	~200
35-44	~250
45-54	~300
55-64	~350
65-74	~400
75-84	~450
85+	~950

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1000.00

1000.00



**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. James E. Clyburn Research and Scholarship Foundation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address 499 South Capitol Street SW, Suite

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Transaction ID : D166790

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

5000.00
